

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935
Madison, WI 53708-8935
FAX #: (608) 261-7083
Phone #: (608) 266-2112

Ship To: 1400 E. Washington Avenue
Madison, WI 53703
E-Mail: dsps@wisconsin.gov
Website: <http://dsps.wi.gov>

CHIROPRACTIC EXAMINING BOARD

NUTRITIONAL COUNSELING CERTIFICATE OF PROFESSIONAL POST-GRADUATE EDUCATION

This form must be completed by the certifying body where your Board approved course was obtained.

APPLICANT: Complete this section and submit to certifying body for completion. Form must be returned directly from the certifying body to the Department at the above address.

Last Name	First Name	MI	Former / Maiden Name(s)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Address: (number, street, city, zip code)

Social Security #: (voluntary-for school's use in locating your records)

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Applicant Signature:

Date:

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CERTIFYING BODY: Please complete this section and return directly to the Department. You may also fax/email with cover sheet/letter to 608-261-7083 or dspscredchiropractic@wisconsin.gov.

**Name of Institution or
Provider:**

**Address of Institution or
Provider:** (street, city, state, zip)

DEGREE OR CERTIFICATE AWARDED: (check one of the following boxes below)

- ☐ Received a post-graduate degree in human nutrition, nutrition education, food and nutrition or dietetics conferred by a college or university that is accredited by an accrediting body listed as nationally recognized by the secretary of the federal department of education.
- ☐ Received diplomate status in human nutrition conferred by a college of chiropractic accredited by the Council on Chiropractic Education (CCE) or approved by the board or by an agency approved by the United States office of education or its successor.
- ☐ Received a post-graduate degree in human nutrition conferred by a foreign school determined to be equivalent to an accredited college of chiropractic by the CCE or approved by the board or another board approved accrediting agency, stating that the applicant has graduated from a program that is substantially equivalent to a postgraduate or diplomate program under subd. 1. or 2.
- ☐ Received a degree from or otherwise successfully completed a postgraduate program consisting of a minimum of 48 hours in human nutrition that is approved by the board as provided in s. Chir 12.03 on:

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Date Diploma/Certificate Issued:

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Signature of Dean/Dept Head:

Date:

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